

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-870)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER SEARCH/EXAMIN.		AFTER SEARCH/EXAMIN.	
	NO.	DEP.	NO.	DEP.	NO.	DEP.
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TOTAL NO.	3					
TOTAL DEP.	42					
TOTAL	45	12/15/81	12/15/81	12/15/81	12/15/81	12/15/81

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TOTAL NO.						
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TOTAL	45	12/15/81	12/15/81	12/15/81	12/15/81	12/15/81